



## Hepatitis A Exposure Notice

Patient or Employee Recipient Name: \_\_\_\_\_

We have recently learned that one of the patients at our \_\_\_\_\_ Stepworks facility has been diagnosed with hepatitis A. This is a viral infection of the liver that can cause symptoms including nausea, vomiting, diarrhea, fever, abdominal pain, and jaundice (yellow skin or eyes). Hepatitis A is spread through fecal-oral transmission. This means that it can be spread by not washing your hands after going to the bathroom, contact with contaminated objects like utensils, or by kissing or sharing food/drinks. Please see the following link for more information: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-a.pdf>

Because you are staying at Stepworks, you are considered a "household contact." The current recommendation is to give either the hepatitis A vaccine or hepatitis immune globulin to household contacts who may have been exposed to the virus. This should be done within two weeks of exposure. The hepatitis A vaccine is administered in a series of two shots six months apart. If you have previously been diagnosed with hepatitis A or have received the vaccine, you are considered immune and no further treatment is necessary. The source of the exposure is no longer considered contagious by the health department. While the risk of contracting hepatitis A is low in our environment, we still recommend that prophylaxis be administered to you.

The decision to provide either the vaccine or the immune globulin is dependent upon your age and other medical conditions. The dosage of the immune globulin is determined by your weight.

*Stepworks will provide you with the necessary vaccine or immune globulin as soon as it is available.*

*To best serve you, we need the following information:*

-----Age:	
-----Weight:	
Have you previously been given the hepatitis A vaccine?	Yes ___ No ___ How many doses? ___
Have you previously been diagnosed with hepatitis A?	Yes ___ No ___
Do you have chronic liver disease?	Yes ___ No ___
Do you have HIV, require chronic steroids, or have a diagnosis of an immunodeficiency problem?	Yes ___ No ___

Signature: \_\_\_\_\_ Date: \_\_\_\_\_